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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K22531
1. Corporation Name
EMPLOYEE RELOCATION CONSULTANTS, INC.

Principal Place of Business: 9000 SOUTHSIDE BLVD BLDG 400 JACKSONVILLE FL 32256 US
Mailing Address: 50 LAURA STREET ATTN: REGULATORY RELATIONS JACKSONVILLE FL 32202-3610 US



DO NOT WRITE IN THIS SPACE

2. 401 N TRYON ST CHARLOTTE NC 28286
2a. 401 N TRYON ST CHARLOTTE NC 28286
22. City & State
23. Zip Country
24. Zip Country

3. Date incorporated or Qualified: 05/04/1988
4. FEI Number: 59-2919827
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
SWARTLEY, RICHARD E.
50 LAURA STREET
JACKSONVILLE FL 32202-0610

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.
TITLE	PD	1.1 TITLE
NAME	KENDRICK, JOHNATHAN A	1.2 NAME
STREET ADDRESS	9000 SOUTHSIDE BLVD	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE
NAME	MCCANN, PATRICK J	2.2 NAME
STREET ADDRESS	50 NO LAURA STR	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE
NAME	SMITH, DAVID R JR	3.2 NAME
STREET ADDRESS	50 NO LAURA STR	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE
NAME	HASKING, KATHLEEN	4.2 NAME
STREET ADDRESS	9000 SOUTHSIDE BLVD	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP
TITLE	S	5.1 TITLE
NAME	SALTER, KAREENA S.	5.2 NAME
STREET ADDRESS	9000 SOUTHSIDE BLVD	5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Pres. Dir. John E. Mack 401 N TRYON ST CHARLOTTE NC 28286	
VP Duane L. Smith	
Sec. Mary Ann Lucas	
Dir. James W. Kiser	
Dir. Mary S. Williams	
5/19/99 90018 001 7500.00	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: DUANE L. SMITH, VP 4/23/99 704-388-2460

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